



5675 N Oracle Rd, Suite 3101
Tucson, AZ 85704
Phone: 520.333.3320
www.intuitionwellness.com

TAEKWONDO WELLNESS REGISTRATION FORM

PARTICIPANT'S NAME LAST BIRTHDATE/AGE ☐ Male ☐ Female

PARENT/GUARDIAN NAME/S:

STREET ADDRESS CITY STATE ZIP

PHONE ALTERNATE PHONE EMAIL

IF CHILD, NAME OF SCHOOL GRADE SPECIAL EDU: ☐ YES ☐ NO

HOW DID YOU HEAR ABOUT US? PREVIOUS TKD EXPERIENCE? ☐ YES ☐ NO

MONTHLY NEWSLETTER: ☐ YES, SIGN ME UP ☐ NO THANKS

GOALS FOR ENROLLING INTO TAEKWONDO WELLNESS:

BRIEF HISTORY OF ANY SOCIAL, BEHAVIORAL, EMOTIONAL OR HEALTH CONCERNS:

CREDIT CARD PAYMENT AUTHORIZATION

This payment option streamlines payments for services at Intuition Wellness Center. Clients have the option to pay for services with cash or check at the time of service or via automatic credit card payments on a scheduled frequency. Please complete this form to pay for services using your credit card and to authorize Intuition Wellness Center to charge your credit card.

CREDIT CARD TYPE: ☐ VISA ☐ MASTER CARD ☐ AMEX ☐ DISCOVER

CREDIT CARD NUMBER

EXPIRATION DATE SECURITY CODE (CV2)

CUSTOMER NAME (as it appears on the credit card)

BILLING ZIP

MONTHLY MEMBERSHIP TYPES:

- ☐ **Individual Membership:** \$95/MONTH FOR UNLIMITED CLASSES PER MONTH
- ☐ **Additional Family Member:** \$65/MONTH FOR UNLIMITED CLASSES PER MONTH
- ☐ **Family Membership:** \$175/MONTH FOR UNLIMITED CLASSES PER MONTH
- ☐ **Promotional Membership:** _____ PER MONTH FOR UNLIMITED CLASSES PER MONTH

PAY PER CLASS MEMBERSHIP:

☐ \$20 PER CLASS

I authorize Intuition Wellness Center, PLLC to charge my credit card **on a monthly basis** for payment of Taekwondo Wellness classes. If Intuition Wellness Center, PLLC is unable to process my payment, I understand that I will be responsible for an alternate payment arrangement. This authorization is in effect until I notify Intuition Wellness Center, PLLC in writing. I understand that all expenses will be charged on my behalf.

By signing this authorization, I acknowledge that I have read and agree to all of the above information and warrant all information provided is true and correct.

THIS AGREEMENT REMAINS IN EFFECT UNTIL CANCELED BY THE APPLICANT WITH WRITTEN NOTICE. This agreement may be cancelled by the applicant by providing Intuition Wellness Center, PLLC a written notice at least 30 days in advance of the cancellation date.

CUSTOMER SIGNATURE

DATE

PARTICIPANT NAME (individual receiving services)

PHONE/EMAIL (for receipt)